


TRANSCRIPT ORDER

DUE DATE:

| | | | | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1. NAME Andrew Freeman | | 2. PHONE NUMBER 410.962.1030 | | 3. DATE 8/17/23 | |
| 4. FIRM NAME Brown, Goldstein, Levy, LLP | | | | | |
| 5. MAILING ADDRESS 120 East Baltimore Street, Suite 2500 | | | 6. CITY Baltimore | | 7. STATE MD |
| | | | 8. ZIP CODE 21202 | | |
| 9. CASE NUMBER 4:23-cv-00250 | | 10. JUDGE Lynnette C Kimmins | | | |
| DATES OF PROCEEDINGS | | | | | |
| 11. 8/15/23 | | | 12. 8/17/23 | | |
| LOCATION OF PROCEEDINGS | | | | | |
| 13. CASE NAME AZ Dep't of Economic Security v. Christine Wormuth, Sec' | | | 14. Tucson | | |
| | | | 15. STATE Arizona | | |
| 16. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" type="checkbox"/> CIVIL | | <input type="checkbox"/> BANKRUPTCY | |
| | | | | <input type="checkbox"/> OTHER (Specify) | |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input checked="" type="checkbox"/> TESTIMONY (Specify) | |
| <input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff) | | 8/15/23 | | K. Mackey, S. Weber | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | 8/15/23 | | M. Vicory, W. Froehlich | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 18. ORDER | | | | | |
| CATEGORY | ORIGINAL + 1 (original to Court, copy to ordering party) | FIRST COPY | # OF ADDITIONAL COPIES | DELIVERY INSTRUCTIONS (Check all that apply.) | |
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| 14 DAYS | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7 DAYS(expedited) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| 3 DAYS | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | E-MAIL ADDRESS adf@browngold.com and ldyson@browngold.com | |
| CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE. | |
| 19. SIGNATURE  | | | | | |
| 20. DATE 8/17/23 | | | | | |
| TRANSCRIPT TO BE PREPARED BY | | | | ESTIMATE TOTAL | |
| ORDER RECEIVED | DATE | BY | PROCESSED BY | | |
| DEPOSIT PAID | | | PHONE NUMBER | | |
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| TRANSCRIPT ORDERED | | | TOTAL CHARGES | | |
| TRANSCRIPT RECEIVED | | | LESS DEPOSIT | | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | TOTAL REFUNDED | | |
| PARTY RECEIVED TRANSCRIPT | | | TOTAL DUE | | |

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